MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05266

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Port Republic
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Port Republic Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Edward L. Bowen

3. (b) Social Security Number none.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Cora P. Bowen
6(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): Oct 4, 1876
8. AGE: Years 63 | Months 7 | Days 17 | If less than one day: hrs. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Store keeper.
11. Industry or business: Gen. Merchant.
FATHER 12. Name: Franklin Bowen
13. Birthplace: Md.
MOTHER 14. Maiden name: Sarah Buckmaster
15. Birthplace: Md.
16. Informant: Mrs Cora P. Bowen
Address: Port Republic
17. Buried (Burial, cremation, or removal. Which?) Date thereof 5/19/40 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Mutual
18. Funeral director: R. Hankness & Son
Address: Mutual, Md.
19. May 18 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940, at 7.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1937 to date 1940, and that I last saw h alive on May 16 1940.

Immediate cause of death: Cerebral Apoplexy — DURATION: 1 day.
Due to: Hypertention — 5 yrs
Due to: Arteriosclerosis — 5 yrs.
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: E. T. Bowen M. D. or other
Address: Prince Frederick Date signed 5/17/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

05267

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Calvert. City or town Prince Frederick (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Calvert. City or town Prince Frederick Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME James Benton Bunting

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Edna Vita Bunting

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1862

8. AGE: Years 77 Months 5 Days 23 If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Lawyer.

11. Industry or business

FATHER 12. Name James Benting

13. Birthplace Maryland

MOTHER 14. Maiden name J. Ellen Shemwell

15. Birthplace Maryland

16. Informant Cage West

Address Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9, 1940 (month) (day) (year)

Cemetery or crematory St. Paul's

Location Prince Frederick, Md.

16. Funeral director A. A. Darkness

Address Mutual, Md.

19. 5/9 1940 L. N. King (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1940, to May 8 1940, and that I last saw h-- alive on May 8 1940.

Immediate cause of death Coronary occlusion — DURATION 1 day

Due to Chronic Myocarditis — 2 yrs.

Due to Arteriosclerosis — 2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE E. I. Bonsack M. D. or other

Address Prince Frederick Date signed 5/9/40

RECEIVED
JUN 5 1940
BUREAU V. S.

05268

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 C/S)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Sunderland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Sunderland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John S. Chase

3. (b) Social Security Number None

4. Sex Male
5. Color or race colored
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Mary Chase, Edith Gray
6(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) July 2, 1875

8. AGE: Years 64 Months 10 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Calvert Co (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Samuel Chase
13. Birthplace Calvert Co Md.
MOTHER 14. Maiden name Mary Mackall
15. Birthplace Calvert Co Md
16. Informant Viola Chase
Address Prince Frederick, Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof May 30 40 (month) (day) (year)
Cemetery or crematory Young Chapel
Location Calvert Co
18. Funeral director P. E. Sewell
Address Prince Frederick Md.
19. 5/30/40 19 (Date rec'd by registrar) S. N. King Registrar per (E.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 11 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1940, to ___ 19___, and that I last saw him alive on May 10 1940.

Immediate cause of death Coronary Embolus — DURATION 5/28

Due to Carcinomatosis of abdomen Origin unknown — 1939

Due to Primary carcinoma of intestine Duration one year — QW.G.R.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Page & Jett M. D. or other
Address Prince Frederick Date signed 5/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-P)

05269

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert Co. Hospl

Stay in hospital or inst. (yrs., or mos., or days): 7 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert.

City or town: Island Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Dixon

3. (b) Social Security Number: 217076635

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Carrie Dixon

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Sept. 19, 1880

8. AGE: Years: 59 Months: 8 Days: 2 If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER

12. Name: Wm F. Dixon

13. Birthplace: Md.

MOTHER

14. Maiden name: Annie Lewis.

15. Birthplace: Md

16. Informant: Hospital Record.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/23/40 (month) (day) (year)

Cemetery or crematory: Island Creek

Location: Calvert - Md.

18. Funeral director: P. E. Sewell.

Address: Prince Frederick Md

19. 5/23 1940 (Date rec'd by registrar) D N King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to 5/21/1940 and that I last saw him alive on 5/21/1940.

Immediate cause of death	DURATION
Chronic Valv. Heart disease	1 yr.
Due to Chronic arthritis	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. J. Briscoe M. D. or other

Address: Prince Frederick Date signed: 5/22/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (302)

05270

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Barstow

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert.

City or town: Barstow Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Isaac King.

3. (b) Social Security Number: none

4. Sex: M

5. Color or race: C.

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Eliza King

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): July 8, 1906

8. AGE: Years: 34 Months: 10 Days: 29 If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business: State Road.

FATHER

12. Name: Robert King

13. Birthplace: Md.

MOTHER

14. Maiden name: Maggie Wilson

15. Birthplace: Md.

16. Informant: John King

Address: Barstow, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/31/40 (month) (day) (year)

Cemetery or crematory: Carrolls

Location: Barstow

18. Funeral director: P. E. Sewell

Address: Pr. Frederick, Md.

19. 5/30 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1940, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939, to date 1940, and that I last saw him alive on 5/20/1940.

Immediate cause of death: Syphilitic heart disease.

Due to

Due to

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 yr. 6 mo.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Date signed: 5/30

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05271

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (159)

County Calvert Registration Dist. No. 52

Village or City Dunkirk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Randall (Randall) If U. S. Veteran, specify WAR

(a) Residence: No. Dunkirk St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) 5-29-40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/2 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dunkirk (State or country) Calvert

FATHER

13. NAME Cephas Randall

14. BIRTHPLACE (city or town) Owings (State or country) Md

MOTHER

15. MAIDEN NAME Helen Randall

16. BIRTHPLACE (city or town) Sunderland (State or country)

17. INFORMANT Helen Randall (Address) Dunkirk

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Date May 30, 1940

19. UNDERTAKER Cephas Randall (Address) Dunkirk

20. FILED May 30, 1940 W. H. Hardesty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1940, to 5-29, 1940

I last saw him alive on 5-29, 1940, death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Stearns M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert Co Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Girl Scaggs

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1940

8. AGE: Years — Months — Days — If less than one day 0 hrs. 0 min.

9. Birthplace Calvert Co Hosp.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name George W. Edward Scaggs

13. Birthplace Wash. D.C.

MOTHER

14. Maiden name Clara Frances Beverly

15. Birthplace Calvert Co.

16. Informant J.W. Edward Scaggs.

Address St Leonards

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6/40 (month) (day) (year)

Cemetery or crematory Private

Location St Leonards

18. Funeral director Edward Scaggs

Address St Leonards Md

19. May 6 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 12 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to 19

and that I last saw alive on 19

Immediate cause of death Prematurity

Six months gestation

Due to Endocervicitis in mother

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed May 5, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05273

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Dunkirk.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md. County Calvert
City or town Dunkirk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George Henry Seekent

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	W. Lowed.

6 (b) Name of husband or wife Ellen Evans.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business ?

FATHER
12. Name ? ?
13. Birthplace

MOTHER
14. Maiden name Amy Franklin
15. Birthplace Md.

16. Informant Chas. Franklin
Address Dunkirk.

17. Burial Date thereof 5/3/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Moores
Location Dunkirk.

18. Funeral director T. G. Hardesty & Son
Address Galesville.

19. May 3 1940 W. H. Hardesty.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/1940, at 6.4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on Not 19

Immediate cause of death	DURATION
attended	
Due to Chronic Valv. Heart disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. T. Moore
M. D. or other
Address Deputy Med. Examiner for Cal. Co. Date signed

Prince Frederick, Md.

RECEIVED
JUN 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

05274

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Adelina
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Adelina Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Emory Simms

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Eliza Simms
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 1, 1868

8. AGE: Years: 72 | Months: | Days: 19 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Calvert Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer + Waterman

11. Industry or business

FATHER
12. Name: John Simms
13. Birthplace: Calvert Co. Md.

MOTHER
14. Maiden name: Ellen Wades
15. Birthplace: Charles Co. Md.

16. Informant: Virgil Simms
Address: Adelina, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 22, 1940 (month) (day) (year)
Cemetery or crematory: Carroll's
Location: Barstow

18. Funeral director: P. E. Sewell
Address: Pr. Frederick, Md.

19. 5/21 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1940, to May 20 1940, and that I last saw him alive on May 19 1940.

Immediate cause of death	DURATION
General anasarca	3 weeks
Due to Cardiac Failure	6 weeks
Due to abdominal Neoplasm probably Carcinoma of Colon	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Page Jett M. D. or other
Address Prince Frederick Date signed 5/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.